

SURGERY.

UNDER THE CHARGE OF

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Perforating Ulcer of the Stomach Treated and Cured by Drainage without Suture.—LEROY and MINET (*Archiv. gen. d. chir.*, 1909, iv, 1101) says that of 53 cases of perforating ulcer of the stomach, operated on by French surgeons, 38 died and 15 recovered. The case here reported had never presented digestive disturbances until five days before the sudden onset of symptoms of perforation. These consisted of slight pain on taking food, and were not relieved until vomiting occurred about a quarter or a half hour afterward. Thirty-six hours after the development of symptoms of perforation, the patient was operated on. On opening the abdomen a considerable quantity of greenish fluid containing numerous particles of food, escaped from the wound and passed to all parts of the abdomen. The chief evidence of trouble was in the region of the stomach and after considerable difficulty an opening was found in the posterior wall near the cardia and lesser curvature. It was about 5 mm. in diameter, had a punched-out appearance and was surrounded by an indurated zone. All efforts to close the opening by suture failed, and the patient's condition becoming bad, further attempts were abandoned. Four drains of large calibre were placed in the abdomen, the first under the liver, the second in the left iliac fossa, the third in Douglas' pouch, and the fourth in the lesser cavity of the peritoneum opposite the gastric perforation. The abdominal wall was then sutured. After a variable course of three months' duration, with much suppuration, the patient finally left the hospital cured.

Acetone-alcohol for the Disinfection of the Field of Operation.—HERFF (*Zentrabl. f. Chir.*, 1909, xxvi, 1777) says that acetone-alcohol is the best known disinfecting material for the skin. He disinfects the field of operation in any part as follows: No special previous preparation is made, as by sublimate applications. The part is not washed with soap and water, but the skin is rubbed for five minutes with flannel cloths wet with acetone and alcohol, equal parts. The excess is then sponged away. An alcohol or ether solution of resin was then applied with a brush as a wound protective and the sheets placed in position for the operation. After the operation the wound fluids are wiped dry, and the resin solution is applied to the sutures and the wound. Herff has previously reported concerning the clinical results. He has employed it

in over 280 abdominal sections. There were no severe wound infections. Twice there was slight infection, one from a myoma stump, the other from air infection. The bacteriological and clinical proofs have given to the acetone-alcohol and the wound protective such a high value, and the method is so simple, that it is warmly recommended.

Cystitis with Incomplete Retention of Urine.—CEALIC and STROMINGER (*Ann. d. mal. d. org. gen.-urin.*, 1909, ii, 1787) say that it is well established that inflammation of the bladder without mechanical obstruction, may produce retention of urine, complete or incomplete, the latter more frequently. Three cases of the incomplete type are reported, the cystitis being chronic. In two cases the infection was with gonococci, in the third probably with the colon bacilli. In chronic cystitis the retention is due to the pathological changes in the muscles of the bladder. In the first stage of the disease the muscle is hypertrophied by overwork. In the second stage a sclerous hypertrophy follows, and in the third stage an atrophy. Some of the muscle tissue remains, but is not well coordinated. The fatty tissue is infiltrated among the muscle fibers and disturbs the retraction of the bladder, and this leads to retention. When fluid is injected into the bladder, the desire to urinate becomes intense, while the contractility of the bladder is little accentuated. The urethral sphincter is not involved in the process, so that incontinence does not usually result. There may be incontinence due possibly to an increased sensibility or to a participation of the urethral sphincter, which plays an important part in the act of micturition. Acute retention comes on sometimes in chronic cystitis and is to be explained by attacks of acute cystitis, which produce an inhibitory action upon the bladder muscle.

Intrahuman Bone Grafting and Reimplantation of Bone.—MACÉWEN (*Annals of Surgery*, 1909, i, 959) refers to a case in which the greater part of the humerus was restored by intrahuman transplantation, thirty years ago. The boy who was then operated on is now a man in regular employment, and the details of the case are presented in their entirety. Besides this case three others are mentioned, one illustrating human reimplantation of the flat bones of the skull, and two of restoration by transplantation of human jaw bones. These cases are quoted as examples of many others in which bone grafting and transplantation of bone have been successful. The periosteum plays no part in the bone reproduction after transplantation, and in the majority of the cases the periosteum was not transplanted with the bone. In the case in which the humeral shaft was largely restored thirty years ago, the grafted arm has increased in length, but not proportionately to the increase of the sound one, the latter being now three inches longer. A skigram shows that the increase in length of the affected arm has taken place almost entirely from the proximal epiphysis. This increase may be taken as an index of the amount of growth, which usually occurs from the proximal humeral epiphysis. All but a minute portion of the distal epiphysis was destroyed by the original osteomyelitis. The grafted portion of tissue, which is easily recognized from the rest of the shaft by its form and contour, has increased markedly in thickness and somewhat in length, so that there has been here interstitial osseous increase.